

nutritionDay in Hospital Questionnaire

UNIT SHEET 1a



Date	Center-Code		Unit-	Code				
 1a. Main specialty (choose only one) Internal Medicine General Cardiology Gastroenterology & hepatology Geriatrics Infectious diseases Nephrology Oncology (incl. radiotherapy) 	Surgery O General O Cardiac/O O Neurosur O Orthopeo O Trauma O Urology O Bariatric		0 1 1 1 0 1 0 1 0	Ear Nose Thi Gynecology Neurology Psychiatry Pediatrics nterdisciplin Long term ca Hospital card	/ Obstetrics ary are			
1b. For surgical units only								
a) Do you do ERAS?*b) Do you have an ERAS protocol?c) Do you have an ERAS team?d) Do you audit your ERAS results or practi	O Yes O Ce? O	O No O O	0 0 0	do not knov	<i>N</i>			
2. Number of registered inpatients at no	on	3. Total bed ca	pacity of the ι	ınit				
4. Number of each type of staff in the unit for TODAY's morning shift (excluding cleaning and temporary nDay staff)								
Medical doctors Medical students Nurses Nursing aides Dieticians Nutritionists Administrative staff Other staff involved in patient care	Fully trained	l In trainir	ng					
5. Is there a nutrition support team in yo	ur hospital available?	() Yes	O No	O I do not know			
6. Does the unit have a nutrition care str	ategy?	() Yes	O No	O I do not know			
7. Is there a person in your unit responsible for nutrition care?) Yes	O No	O I do not know			
8. Is there a dietician, nutritionist or dieto	etic assistant available	for your unit?) Yes	O No	O I do not know			
9. Is specific staff responsible for providing feeding assistance to patients during meal times? O Yes O No O I do not know								
10. How do you MAINLY screen/monitor At admission No routine screening No fixed criteria Experience / visual assessment only Weighing / BMI only Nutritional Risk Screening (NRS) 2002 Malnutrition Universal Screening Tool (Malnutrition Screening tool (MST) SNAQ Other formal tool		During hospital st O No routine mo No fixed criter Experience / vi Weighing / BM Other formal t	t ay onitoring ia isual assessme II only					

2024 V1 ENGLISH ENGLISH CCBY-NC-ND







nutritionDay in Hospital Questionnaire

UNIT SHEET 1b



Date	Center-Code			Unit-Code				
11a. Do you routinely use guidelines or standards for nutrition care? O Yes O No 11b. If yes, which one is mainly used?								
 ○ International guidelines ○ National guidelines ○ Standards on hospital level ○ Standards on unit level ○ Other 								
12. What is routinely done in your unit for given patient groups? (mark all that apply)								
Watalafalaa		At risk Ma	lnourish	ed Every patier				
Watchful waiting					П			
Discuss nutrition care activities during ward rounds					П			
Develop an individual nutrition care plan Initiate treatment / nutrition intervention		П		П	П			
		П		П				
Canacilka maadiaal muafaasiamal	Consult a mutrition expert (dietician, nutritionist, etc.)			Π				
Calculate energy requirements			П	Π	Π			
Calculate protein requirements								
			<u></u>					
13. When do you routinely weigh your patients? (mark all that apply)								
☐ at admission ☐ Within 24	hours [☐ Every week		☐ At discha	irge			
☐ Within 48		☐ Occasionally	☐ Never					
☐ Within 72	hours	☐ When requested	d					
14. What do you do to support adequate food intake of patients? (mark all that apply)								
 □ Offer additional meals or in between snacks □ Offer meal choices □ Offer different portion sizes □ Consider food presentation □ Change food texture/consistency as needed □ Consider patient problems with eating and drinking 								
Consider patient problems with eating and drinking 15. Which putrition related standards or routing activities exist in your unit?/mark all that apply)								
 15. Which nutrition-related standards or routine activities exist in your unit? (mark all that apply) Nutrition training is available Reporting of nutrition related information to hospital managers Quality indicators are recorded and reported to national or regional level Quality indicators are used for internal benchmarking Patient feedback about food and food service is collected using a questionnaire 								
16. At admission what is asked and documented? (mark all that apply)								
☐ Change in weight ☐ Eating ha	bits/difficulties	☐ Nutrition before	re admis	sion				
17a. Patient record has a section indicating		17b. Discharge letter includes						
☐ if the patient is malnourished/ at risk		☐ nutrition treatment received during stay						
□ nutrition treatment □ future nutrition-related recommendations □ I do not know □ I do not know								
18. Do you provide brochures about malnutrition to at risk/malnourished patients? O Yes O No								
19. Who filled in this sheet? (mark all that apply)								
☐ Head staff ☐ Nurse ☐ Administrative staff ☐ Dietician ☐ Physician ☐ Other								
THANK YOU! for participating to nutritionDay in Hospit	al.	2024 V1 ENGLISH	:6	ESPEN	MEDICAL UNIVERSITY			

www.nutritionDay.org

ENGLISH CC BY-NC-ND

